

Forsyth County Department of Public Health

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Public Health Director

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Environmental Health Director



Transitional Permit Application

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address _____

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Current Facility Owner: _____

Mailing Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

.....

New Owner: _____ Representative: _____

(Person, Corporation or Partnership Name)

(Contact Person for Corporation, etc.)

Mailing Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Projected date of purchase: _____

A menu must be submitted with this completed form along with a proper floor plan drawn to a 1/4" = 1' scale or larger, so that your project can be given due consideration. All equipment must be shown and be identified as to what it is, who the manufacturer is and the model number if available. Please list separately any menu changes you propose in the new facility.

Submit menu, application, plan and any other information needed to fully explain this operation to:

**Forsyth County Department of Public Health
Environmental Health Division
Plan Review and Permitting
799 N. Highland Ave.
PO Box 686
Winston-Salem, NC 27102-0686**

HOURS OF OPERATION:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Number of Seats: _____

Facility total square feet: _____

TYPE OF FOOD SERVICE: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sit-down Meals |
| <input type="checkbox"/> Food Stand (no seats provided) | <input type="checkbox"/> Take-out |
| <input type="checkbox"/> Drink Stand (no food served but multi use glassware) | <input type="checkbox"/> Single-service (disposable) dishes and/or utensils |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Multi-use (reusable dishes and/or utensils) |
| <input type="checkbox"/> Lodging Facility | <input type="checkbox"/> Other (explain): _____ |

THAWING

Indicate by checking the appropriate box how potentially hazardous food (PHF) will be thawed.

(More than one method may apply)

Thawing Process	Red Meats	Seafood	Poultry	Vegetables	Other
In Refrigerator					
Under Running Water					
Cooked without Thawing					
Thawed in Microwave as part of cooking process					

COOLING

Indicate by checking the appropriate box how potentially hazardous food (PHF) will be cooled to 45°F rapidly after being cooked.

Cooling Process	Meats	Seafood	Poultry	Soups	Sauces
In the Refrigerator using Shallow Pans					
In an Ice Bath					
Using a Rapid Chill Refrigerator					

DESCRIBE IN DETAIL ANY FOOD PREPARATION PROCEDURES THAT MAY BE CONSIDERATION ATYPICAL OR DIFFERENT: (The food preparation procedures should include: types of food prepared, time of day prepared, equipment used for preparation).

(Use separates sheets if needed)

PRODUCE PREPARATION:

Will produce be purchased fully prepared and pre-rinsed? Yes _____ No _____

If not, where will the produce be prepared and/or rinsed? _____

SEAFOOD PREPARATION:

Will seafood be purchased fully prepared and pre-rinsed? Yes _____ No _____

If not, where will the seafood be prepared and/or rinsed? _____

POULTRY PREPARATION:

Will poultry be purchased fully prepared and pre-rinsed? Yes _____ No _____

If not, where will the poultry be prepared and/or rinsed? _____

PORK and/or RED MEAT PREPARATION:

Will pork and/or red meat be purchased fully prepared and pre-rinsed? Yes _____ No _____

If not, where will the pork and/or red meat be prepared and/or rinsed? _____

DELIVERIES:

Please provide information on the frequency of deliveries for the facility:

WATER SUPPLY - SEWAGE DISPOSAL:

1. Is water supply: Municipal _____ Well _____

Is sewer: Municipal _____ Onsite Septic Tank System _____

2. Will ice: be made on premises _____ or purchased _____

3. Water heater storage capacity: _____ gallons and total power input _____ btu or _____ kw.

4. Water heater recovery rate (gallons per hour at 100°F temperature rise): _____ gallons per hour.

DISHWASHING FACILITIES:

Utensil washing/pot washing sink:

Number of sink compartments: _____

Size of sink compartments (inches): Length _____ Width _____ Depth _____

Length of drainboards (inches): Right _____ Left _____

Please indicate what method of sanitizing will be used?

Chlorine _____ Iodine _____ QAC _____ Booster Heater (180°F) _____

Other (specify): _____

Will a Dishmachine be used? Yes _____ No _____

If so, please provide the manufacturer and model # for the dishmachine: _____

Type of sanitization: Hot water (180°F) _____ Chemical _____

Please list any changes that you are considering for this facility:

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from the Forsyth County Division of Environmental Health may nullify facility approval.

Signature: _____ **Date:** _____

(Owner or Owner's Representative)